

**BLRL LEAVE REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of Leave: \_\_\_\_\_ Sick \_\_\_\_\_ Vacation \_\_\_\_\_ Personal Day  
\_\_\_\_\_ LWOP\* \_\_\_\_\_ Bereavement \_\_\_\_\_ Other

\*with approval only

Number of Days/Hours: \_\_\_\_\_ Days \_\_\_\_\_ Hours

Dates of Leave: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Personnel Policy--Section 7.1 Vacation--7.1B**

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Dates of Leave: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Personnel Policy--Section 7.1 Vacation--7.1B**

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Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Personnel Policy--Section 7.1 Vacation--7.1B**

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Supervisor Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

**Personnel Policy--Section 7.1 Vacation--7.1B**